

CALIFORNIA LICENSED MIDWIFE ANNUAL REPORT

Summary

Completion/submission of this form by all licensed midwives in California is required pursuant to Business and Professions Code section 2516(c). Your midwife license will not be renewed unless and until the requisite data is submitted.

SECTION A – Submission Summary

| | |
|---|-----|
| Number of Midwives Expected to Report | 196 |
| Number Reported | 164 |
| Number Unreported | 32 |
| Note: Report Field Numbers 1 through 10 are specific to each midwife report submitted and are not included in this aggregation. | |

SECTION B – REPORTING PERIOD

| Line No. | Report Year |
|----------|-------------|
| 11 | 2007 |

SECTION C – SERVICES PROVIDED

| Line No. | | Total # Yes | Total # No |
|----------|---|-------------|------------|
| 12 | Did you, or a student midwife supervised by you, perform midwife services during the year when the intended place of birth at the onset of care was an out-of-hospital setting? | 110 | 54 |
| | <p>If “yes,” continue with completion of the report. If “no,” go to the last page, sign and date the report and mail it to:</p> <p>Office of Statewide Health Planning and Development Patient Data Section Licensed Midwife Annual Report 400 R Street, Suite 270 Sacramento, CA 95811-6213</p> | | |

SECTION D – CLIENT SERVICES

| Line No. | | Total # |
|----------|--|--------------|
| 13 | Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting. | 2,277 |
| 14 | Number of clients you served as primary care giver whose intended place of birth, at the onset of care, was an out-of-hospital setting and who left care for a non-medical reason. (DO NOT include these clients in any further categories on this report) | 172 |
| 15 | Number of clients pending on the last day of this reporting year. | 633 |
| 16 | Number of clients you served who received collaborative care. | 704 |
| 17 | Number of clients you served while you were under the supervision of a licensed physician and surgeon. | 159 |

SECTION E - OUTCOMES PER COUNTY

| (A1) County Code | (A2) County Name | (B) # of Live Births | (C) # of Cases Fetal Demise |
|---------------------|---------------------|-------------------------|--------------------------------|
| 1 | Alameda | 122 | 3 |
| 2 | Alpine | 1 | 0 |
| 3 | Amador | 6 | 0 |
| 4 | Butte | 0 | 0 |
| 5 | Calaveras | 1 | 0 |
| 6 | Colusa | 0 | 0 |
| 7 | Contra Costa | 25 | 0 |
| 8 | Del Norte | 8 | 0 |
| 9 | El Dorado | 15 | 0 |
| 10 | Fresno | 9 | 0 |
| 11 | Glenn | 0 | 0 |
| 12 | Humboldt | 28 | 0 |
| 13 | Imperial | 0 | 0 |
| 14 | Inyo | 0 | 0 |
| 15 | Kern | 24 | 0 |
| 16 | Kings | 0 | 0 |
| 17 | Lake | 7 | 0 |
| 18 | Lassen | 1 | 0 |
| 19 | Los Angeles | 195 | 1 |
| 20 | Madera | 1 | 0 |
| 21 | Marin | 30 | 0 |
| 22 | Mariposa | 0 | 0 |
| 23 | Mendocino | 17 | 0 |
| 24 | Merced | 1 | 0 |
| 25 | Modoc | 0 | 0 |
| 26 | Mono | 0 | 0 |
| 27 | Monterey | 20 | 0 |
| 28 | Napa | 19 | 0 |
| 29 | Nevada | 46 | 0 |

| (A1) County Code | (A2) County Name | (B) # of Live Births | (C) # of Cases Fetal Demise |
|---------------------|---------------------|-------------------------|--------------------------------|
| 30 | Orange | 74 | 2 |
| 31 | Placer | 25 | 0 |
| 32 | Plumas | 3 | 0 |
| 33 | Riverside | 66 | 0 |
| 34 | Sacramento | 73 | 2 |
| 35 | San Benito | 0 | 0 |
| 36 | San Bernardino | 44 | 0 |
| 37 | San Diego | 141 | 1 |
| 38 | San Francisco | 68 | 0 |
| 39 | San Joaquin | 5 | 0 |
| 40 | San Luis Obispo | 25 | 0 |
| 41 | San Mateo | 28 | 0 |
| 42 | Santa Barbara | 29 | 0 |
| 43 | Santa Clara | 34 | 0 |
| 44 | Santa Cruz | 37 | 0 |
| 45 | Shasta | 40 | 0 |
| 46 | Sierra | 0 | 0 |
| 47 | Siskiyou | 7 | 0 |
| 48 | Solano | 14 | 0 |
| 49 | Sonoma | 29 | 0 |
| 50 | Stanislaus | 3 | 0 |
| 51 | Sutter | 0 | 0 |
| 52 | Tehama | 4 | 0 |
| 53 | Trinity | 1 | 0 |
| 54 | Tuolumne | 18 | 0 |
| 55 | Tulare | 3 | 0 |
| 56 | Ventura | 84 | 1 |
| 57 | Yolo | 16 | 2 |
| 58 | Yuba | 19 | 0 |
| 59 | Out of State | 223 | 0 |

SECTION F – OUTCOMES OF OUT-OF-HOSPITAL BIRTHS

| Line No. | | (A) Total # | (B) # of Sets |
|----------|---|----------------|------------------|
| 19 | Number of planned out-of-hospital births at the onset of labor | 1,687 | |
| 20 | Number of completed births in an out-of-hospital setting | 1,438 | |
| 21 | Twins | 15 | 5 |
| 22 | Multiples (Other than twin births) | 0 | 0 |
| 23 | Breech | 14 | 3 |
| 24 | VBAC | 92 | 11 |

SECTION G – ANTEPARTUM TRANSFER OF CARE, ELECTIVE

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 25 | G1 | Medical or mental health conditions <i>unrelated to pregnancy</i> | 6 |
| 26 | G2 | Hypertension developed in pregnancy | 12 |
| 27 | G3 | Blood coagulation disorders, including phlebitis | 2 |
| 28 | G4 | Anemia | 1 |
| 29 | G5 | Persistent vomiting with dehydration | 1 |
| 30 | G6 | Nutritional & weight loss issues, failure to gain weight | 0 |
| 31 | G7 | Gestational diabetes | 4 |
| 32 | G8 | Vaginal bleeding | 4 |
| 33 | G9 | Suspected or known placental anomalies or implantation abnormalities | 4 |
| 34 | G10 | Loss of pregnancy (includes spontaneous and elective abortion) | 39 |
| 35 | G11 | HIV test positive | 0 |
| 36 | G12 | Intrauterine growth restriction, fetal anomalies | 6 |
| 37 | G13 | Abnormal amniotic fluid volumes; oligohydramnios or polyhydramnios | 5 |
| 38 | G14 | Fetal heart irregularities | 4 |
| 39 | G15 | Non vertex lie at term | 16 |
| 40 | G16 | Multiple gestation | 3 |
| 41 | G17 | Clinical judgment of the midwife (where a single other condition above does not apply) | 12 |
| 42 | G18 | Client request | 160 |
| 43 | G19 | Other | 22 |

SECTION H – ANTEPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

| Line No. | Code | Reason | Total # |
|--------------------------------------|------|--|---------|
| 44 | H1 | Non pregnancy-related medical condition | 3 |
| 45 | H2 | Severe or persistent headache, pregnancy-induced hypertension (PIH), or preeclampsia | 3 |
| <i>Reasons continue on next page</i> | | | |

| | | | |
|----|-----|---|----|
| 46 | H3 | Isoimmunization, severe anemia, or other blood related issues | 1 |
| 47 | H4 | Significant infection | 1 |
| 48 | H5 | Significant vaginal bleeding | 1 |
| 49 | H6 | Preterm labor or preterm rupture of membranes | 16 |
| 50 | H7 | Marked decrease in fetal movement, abnormal fetal heart tones, non-reassuring non-stress test (NST) | 8 |
| 51 | H8 | Fetal demise | 5 |
| 52 | H9 | Clinical judgment of the midwife (where a single other condition above does not apply) | 2 |
| 53 | H10 | Other | 4 |

SECTION I – INTRAPARTUM TRANSFER OF CARE, ELECTIVE

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 54 | I1 | Persistent hypertension; severe or persistent headache | 3 |
| 55 | I2 | Active herpes lesion | 0 |
| 56 | I3 | Abnormal bleeding | 3 |
| 57 | I4 | Signs of infection | 1 |
| 58 | I5 | Prolonged rupture of membranes | 18 |
| 59 | I6 | Lack of progress; maternal exhaustion; dehydration | 125 |
| 60 | I7 | Thick meconium in the absence of fetal distress | 9 |
| 61 | I8 | Non-vertex presentation | 9 |
| 62 | I9 | Unstable lie or mal-position of the vertex | 7 |
| 63 | I10 | Multiple gestation | 0 |
| 64 | I11 | Clinical judgment of the midwife (where a single other condition above does not apply) | 10 |
| 65 | I12 | Client request; request for medical methods of pain relief | 36 |
| 66 | I13 | Other | 5 |

SECTION J – INTRAPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

| Line No. | Code | Reason | Total # |
|----------|------|---|---------|
| 67 | J1 | Preeclampsia, eclampsia, seizures | 2 |
| 68 | J2 | Significant vaginal bleeding; suspected placental abruption; severe abdominal pain inconsistent with normal labor | 3 |
| 69 | J3 | Uterine rupture | 0 |
| 70 | J4 | Maternal shock, loss of consciousness | 0 |
| 71 | J5 | Prolapsed umbilical cord | 1 |
| 72 | J6 | Non-reassuring fetal heart tones and/or signs or symptoms of fetal distress | 14 |
| 73 | J7 | Clinical judgment of the midwife (where a single other condition above does not apply) | 3 |
| 74 | J8 | Other life threatening conditions or symptoms | 0 |

SECTION K – POSTPARTUM TRANSFER OF CARE, ELECTIVE

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 75 | K1 | Adherent or retained placenta without significant bleeding | 6 |
| 76 | K2 | Repair of laceration beyond level of midwife's expertise | 14 |
| 77 | K3 | Postpartum depression | 0 |
| 78 | K4 | Social, emotional or physical conditions outside of scope of practice | 0 |
| 79 | K5 | Excessive or prolonged bleeding in later postpartum period | 2 |
| 80 | K6 | Signs of infection | 3 |
| 81 | K7 | Clinical judgment of the midwife (where a single other condition above does not apply) | 2 |
| 82 | K8 | Client request | 1 |
| 83 | K9 | Other | 2 |

SECTION L – POSTPARTUM TRANSFER OF CARE, URGENT/EMERGENCY

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 84 | L1 | Abnormal or unstable vital signs | 0 |
| 85 | L2 | Uterine inversion, rupture or prolapse | 0 |
| 86 | L3 | Uncontrolled hemorrhage | 4 |
| 87 | L4 | Seizures or unconsciousness, shock | 1 |
| 88 | L5 | Adherent or retained placenta with significant bleeding | 9 |
| 89 | L6 | Postpartum psychosis | 1 |
| 90 | L7 | Signs of significant infection | 1 |
| 91 | L8 | Clinical judgment of the midwife (where a single other condition above does not apply) | 1 |
| 92 | L9 | Other | 0 |

SECTION M – INFANT TRANSFER OF CARE, ELECTIVE

| Line No. | Code | Reason | Total # |
|----------|------|--|---------|
| 93 | M1 | Low birth weight | 2 |
| 94 | M2 | Congenital anomalies, birth injury | 3 |
| 95 | M3 | Poor transition to extrauterine life | 4 |
| 96 | M4 | Insufficient passage of urine or meconium | 0 |
| 97 | M5 | Parental request | 0 |
| 98 | M6 | Clinical judgment of the midwife (where a single other condition above does not apply) | 7 |
| 99 | M7 | Other | 1 |

SECTION N – INFANT TRANSFER OF CARE, URGENT/EMERGENCY

| Line No. | Code | Reason | Total # |
|--------------------------------------|------|--|---------|
| 100 | N1 | Abnormal vital signs or color, poor tone, lethargy, no interest in nursing | 5 |
| 101 | N2 | Signs or symptoms of infection | 0 |
| 102 | N3 | Abnormal cry, seizures or loss of consciousness | 1 |
| <i>Reasons continue on next page</i> | | | |

| | | | |
|-----|-----|--|---|
| 103 | N4 | Significant jaundice at birth or within 30 hours | 2 |
| 104 | N5 | Evidence of clinically significant prematurity | 0 |
| 105 | N6 | Congenital anomalies, birth injury, other medical conditions of an emergent nature | 4 |
| 106 | N7 | Significant dehydration or depression of fontanelles | 0 |
| 107 | N8 | Significant cardiac or respiratory issues | 9 |
| 108 | N9 | Ten minute APGAR of less than seven (7) | 3 |
| 109 | N10 | Abnormal bulging of fontanelles | 0 |
| 110 | N11 | Clinical judgment of the midwife (where a single other condition above does not apply) | 0 |
| 111 | N12 | Other | 2 |

SECTION O – BIRTH OUTCOMES AFTER TRANSFER OF CARE

SECTION 3 - BIRTH OUTCOMES AFTER TRANSFER OF CARE

| Line No. | Reason | (A) Total # of Vaginal Births | | (B) Total # of Caesarian Deliveries | |
|-----------------------------------|---|----------------------------------|-----|--|-----|
| | | Code | | Code | |
| MOTHER | | | | | |
| 112 | Without complication | O1 | 249 | O8 | 123 |
| 113 | With serious pregnancy/birth related medical complications resolved by 6 weeks | O2 | 2 | O9 | 6 |
| 114 | With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks | O3 | 1 | O10 | 1 |
| 115 | Death of mother | O4 | 0 | O11 | 0 |
| 116 | Unknown | O5 | 0 | O12 | 0 |
| 117 | Information not obtainable | O6 | 0 | O13 | 0 |
| 118 | Other | O7 | 1 | O14 | 0 |
| INFANT/FETUS | | | | | |
| 119 | Healthy live born infant | O15 | 307 | O24 | 99 |
| 120 | With serious pregnancy/birth related medical complications resolved by 6 weeks | O16 | 10 | O25 | 4 |
| 121 | With serious pregnancy/birth related medical complications <u>not</u> resolved by 6 weeks | O17 | 2 | O26 | 1 |
| 122 | Fetal demise diagnosed prior to labor | O18 | 5 | O27 | 2 |
| 123 | Fetal demise diagnosed during labor or at delivery | O19 | 2 | O28 | 1 |
| Outcomes continue on next page 12 | | | | | |

| | | | | | |
|-----|--|-----|---|-----|---|
| 124 | Live born infant who subsequently died | O20 | 3 | O29 | 2 |
| 125 | Unknown | O21 | 0 | O30 | 0 |
| 126 | Information not obtainable | O22 | 1 | O31 | 0 |
| 127 | Other | O23 | 2 | O32 | 0 |

SECTION P – COMPLICATIONS LEADING TO MATERNAL/INFANT MORTALITY WITHIN SIX (6) WEEKS

| Line No. | Complication | Total # (A) | | Out-of-Hospital (B) | | After Transfer (C) | |
|---------------------|---|----------------|---|------------------------|---|-----------------------|---|
| MOTHER | | Code | | Code | | Code | |
| 128 | Blood loss | P1 | 0 | P8 | 0 | P15 | 0 |
| 129 | Sepsis | P2 | 0 | P9 | 0 | P16 | 0 |
| 130 | Eclampsia/toxemia or HELLP syndrome | P3 | 0 | P10 | 0 | P17 | 0 |
| 131 | Embolism (pulmonary or amniotic fluid) | P4 | 0 | P11 | 0 | P18 | 0 |
| 132 | Unknown | P5 | 0 | P12 | 0 | P19 | 0 |
| 133 | Information not obtainable | P6 | 0 | P13 | 0 | P20 | 0 |
| 134 | Other | P7 | 0 | P14 | 0 | P21 | 0 |
| INFANT/FETUS | | | | | | | |
| 135 | Anomaly incompatible with life | P22 | 1 | P30 | 0 | P38 | 2 |
| 136 | Infection | P23 | 0 | P31 | 0 | P39 | 0 |
| 137 | Meconium aspiration, other respiratory issues | P24 | 1 | P32 | 0 | P40 | 1 |
| 138 | Neurological issues/seizures | P25 | 1 | P33 | 1 | P41 | 1 |
| 139 | Other medical issue | P26 | 0 | P34 | 0 | P42 | 0 |
| 140 | Unknown | P27 | 0 | P35 | 0 | P43 | 0 |
| 141 | Information not obtainable | P28 | 1 | P36 | 0 | P44 | 0 |
| 142 | Other | P29 | 2 | P37 | 0 | P45 | 2 |